

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled Methods and Compositions for Use in Treating Diabetes, having Serial No. 10/577,512, submitted to the U.S. Patent Office on April 27, 2006, and the specification of which is that of PCT International Application Serial No. PCT/CA2004/001883 filed on October 27, 2004, which claims priority from U.S. Provisional Application No. 60/514,738, filed on October 27, 2003.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with 37 C.F.R. § 1.56.

PROVISIONAL PRIORITY RIGHTS: I hereby claim priority benefits under 35 U.S.C. § 119(e) of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing Date	Status
60/514,738	10/27/03	Abandoned

NON-PROVISIONAL PRIORITY RIGHTS: I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

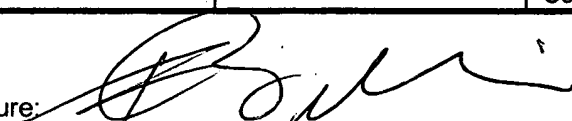
Serial Number	Filing Date	Status
PCT/CA2004/001883	10/27/04	Expired


I hereby appoint the attorneys and/or agents associated with customer number **21559** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence relating to this application to the address associated with customer number **21559**.


Address all telephone calls to: Susan M. Michaud at 617-428-0200.


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Francesco Bellini	Ville Mont-Royal, Quebec, Canada	307, Portland Ville Mont-Royal, Quebec, Canada H3R 1V4	Canada
Signature: 			Date: 2006/06/12

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Claude Vezeau	Lorraine, Quebec, Canada	4, ch. De Hombourg Lorraine, Quebec, Canada J6Z 4N2	Canada
Signature: 			Date: 2006/06/06

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Gerard Ribes	Montpellier, France	Residence "Le Francoise" 42 Route de Laverune Montpellier, France 34070	France
Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Nicolas Chapal	Montreal, Quebec, Canada	5039, St-Urbain Montreal, Quebec, Canada H2T 2W4	France
Signature: 			Date: June 6 th , 2006

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Mark Prentki	Ville Mont-Royal, Quebec, Canada	126 Wicksteed Ville Mont-Royal, Quebec, Canada H3P 1R2	Canada
Signature: 			Date: June 12 06

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Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Francesco Bellini	Ville Mont-Royal, Quebec, Canada	307, Portland Ville Mont-Royal, Quebec, Canada H3R 1V4	Canada
Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Claude Vezeau	Lorraine, Quebec, Canada	4, ch. De Hombourg Lorraine, Quebec, Canada J6Z 4N2	Canada
Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Gerard Ribes	Montpellier, France	Residence "Le Francoise" 42 Route de Laverune Montpellier, France 34070	France
Signature: 			Date: 13/06/2006

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Nicolas Chapal	Montreal, Quebec, Canada	5039, St-Urbain Montreal, Quebec, Canada H2T 2W4	France
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